V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACT CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state important. See instructions on back of certificate.	7 7 8 8 9 9 14 14 14 14 14 14 14 14 14 14 14 14 14
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Ounty Dorchester 2744	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City & . n. market (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Block Single, MARRIEO, Married WIOOWEO, OROJVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE (Month) (Day (Year) (Year) TAGE (Month) (Day (Year) (Year) (Year) (Year) (A) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) Mary land 12 MAIDEN NAME OF MOTHER (State or country) Mary land 13 BIRTHPLACE OF MOTHER (State or country) Mary land 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Informant) Mary Matheway (Informant)	that I last saw h alive on
(Address)	6. M. Market The 2 2 1, 1914 20 UNDERTAKER H Milong hby E. M. Murlat
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory (secondary or intercurrent)



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Duchester Registration Dist. No ... Ilf death occurred la (No.... a hospital or institution, give Its NAME Instead of sfreet and nomber.] arnes **2FULL NAME** MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Married WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than t day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Durafico) which employed (or employer) Contributory !! 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death yrs. mos. .. _ ds. State yrs. ____ mos. Where was disease contracted. If not at place of death?.. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every persou, irrespective of age. tiou is very important, so that the relative healthfuleated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

pnenmonia"); Lobar pneumonia; Bronchopneumonia time and cansation), using always the same accepted causing dearn (the primary affection with respect to ("Pneumonia," "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., for the same disease. meningltis"): Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria Examples: Cerebrospinal "Epidemic eere-(avoid use

> nant neoplasms); Measles; Whooping cough; Chronie mus." "Old Age," "Shoek," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collabse," "Coma," "Couvulsions," "Debility" ("Con-Brouehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes "Seuile," etc.), (Recommendations on statement of (disease eausing death), 29 "Dropsy," "PUERPERAL septichae-The nature of the "Exhaustiou," Never report For vio-



S. No. 1.

A PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classilled. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 2746



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Jay Con le Selange

St.; Ward)

[If death occurred in a hospital or Institution, give ifs NAME Instead of streef and number.]

Mid

FULL NAME CHEVE III. WIL	ensf
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale African Single, Married Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH March 25, 1914 (Month) (Day (Year)
(Month) (Day (Year)	17 I HEREBY CERTIFY. That I attended deceased from March 20, 1914, to March 25, 1914, that I last saw h.c. alive on March 24, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9 300 m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trado, profession, or particular kind of work Adomsessing	Oneumonia (40 Gar)
(b) General nature of indusfry, business, or esfablishment in which omployed (or employer)	(Duration) yrs. mos. 5 ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER John H. Milson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER COUNTRY A. Hooper	(Signed) yrs
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	Af place In the of death yrs, mos ds. State yrs, mos ds Where was disease confracted, if nof at place of death? Former or usual residence.
(Aboress) Taylor & Seland In 16 Filet March 26, 1914, Jon 17. Shriver J.	19 PLACE OF BURIAL OR REMOVAL Lane Moundal Genetary March 27, 1914. 20 UNDERTAKER Henry Manufation Jalone Seland

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

pneumonia"); Lobar time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) fever (the only definite synonym is ("Pneumonia," Statement of cause of death-Name, first, the DISEASE for the same disease. of lungs, meningitis"); Typhoid unqualified, is indefinite): Tubercumeninges, peritonacum, fever (never report "Typhoid pneumonia; Bronchopneumonia Diphtheria Examples: Cerebrospinal (avoid "Epidemic cereetc.,

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "PUERPERAL mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report septichae-For VIO-



of OCCUPATION IS PHYSICIANS RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should UNFADING INK-THIS AGE carefully supplied. may be DEATH in pialn terms, so that it m. See instructions on back of certificate. PLAINLY, WITH Every Item of information CAUSE OF DEATH in pial

WRITE

S. No. 1.

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No.
Vill		St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Mod. (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 A	Month) (Day (Year) GE If LESS than 1 day, 2, hrs.	that I last saw h alive on mod 15 191 y and that desth occurred on the date stated above, at 6 P m The CAUSE OF DEATH * was as follows:
pa (b) bus whi	yrs	Journ after troth Cour after troth (Ouration) yrs mos ds Contributory Secondary
PARENTS	10 NAME OF FATHER Howard Bradshaw 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maryland Burdshaw	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents At place in the of death yrs, mos, ds. State yrs, mos, ds.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL Mar 16, 1914

20 UNDERTAKER

usual residence

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indl-Women at home, who are engaged in the Never returu "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (4)

lesis of lungs, meninges, peritonacum, etc., Carcinpneumonia"); term for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," "Croup";) forer (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Diputheria (avoid Typhoid fover (never report "Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercu-Examples: Cerebrospinal "Epidemic cereuse

> valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic thenia." "Auaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae etc., when a definite discuse can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver around of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," Never report For VIO-



V. S.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS

Dorcheske

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME lostead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WILLOW WIDOWED, WILLOW WILLOW (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	nat at all 191 to
80 yrs mos ds OR min.?	and that death occurred on the date stated above, at 11.45-P. m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Yettree House Heep particular kind of work	a Taralysis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos. ds Contributory (lagro Secondary
10 NAME OF FATHER Jacob Woolford 11 BIRTHPLACE OF FATHER (State or country) Mary Land 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Secondary (Signed) S. C. Wolff S. M. D. M. D
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death? former or
(Address) Bucktown My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DECELLOWN MA MCL 39, 181 S 20 UNDERTAKER ADDRESS
Filed Muss L 8 , 1914 Com Filed REGISTRAR	LeCompte Harper Compredye

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to term for the same disease. time and causation), using always the same accepted ("Pnenmonia." "Croup";) fover (the only definite synonym is Statement of cause of deathmeningitis"); Typhoid fever (never report "Typhold unqualified, is Indefinite): Tubercu-Diphtheria (avoid use Examples: Cerebrospinal -Name, first, the disease "Epidemic cere-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichucetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," The uature of the "Exhaustion," Never report



No. 1.

V. 53

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. 4 properly classifled. UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate. WITH CAUSE OF Important. S ż

2749 1 PLACE OF DEATH

STATE OF MARYLAND

County Strehester	CERTIFICATE OF DEATH
ounty was a second	Registration Dist. No.//6
Village or City Cambridge (No	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, THATTEEL ORDIVORCED (Write the word)	18 DATE OF DEATH Myl. (Month) (Nay (Year) 17 I HEREBY CERTIFY, That I attended deceased from
OATE OF BIRTH Worth (Day (Year)	Inch 1 1914, to Inch 9 1914, that I last saw h. M. allve on buch. 8 ,1914
7 AGE 1 If LESS that 1 day, hrs 1 or min.?	and that doct occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Diabeter - Neglinte Secondary
10 NAME OF FATHER 11 BIRTHPLACE	(Signed) (Signed) (Signed) (Signed) (Address) (Signed) (M. D. M. D
OF FATHER (State or country) PARTITION NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(Informant) Landsmann (Address) Park Jame, City	of deathyrs, ds. Stateyrs, ds Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
med 10 mile ESWays	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers "Manager," "Dealer," ctc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (%)

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar ("Pneumonia," brospinal meningitis"); Diphtheria term for the same disease. Examples: Cercbrospinal time and causation), using aiways the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the nisease Typhoid unqualified, is indefinite): Tubcrcufever (never pucumonia; Bronchopueumonia report "Typhoid (avoid use "Epidemic cere-

> mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichue etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failnre," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Semile," etc.), "Dropsy," "Exhanstion," may be stated under the head of (Recommendations on statement of Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registered No. //U
Village or City Pelessburg (No,	St; Ward) [It death occurred in a hospitator institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male bolore d Saingle, MARRIED, Single Wisdows D. OR DIVORCED (Write the word)	16 DATE OF DEATH March 21 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have allye on Mary 21 1916.
7 AGE If LESS than t day,hrs. ormia.?	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry,	Droncho Precent
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Down by Andr	Contributory (Secondary) (Deration) yrs mos of s.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or égéntry) 12 MAIDEN NAME OF MOTHER	(Signed), M. D. (Address) A
OF MOTHER Commandy Waters 13 BIRTHPLACE OF MOTHER (State or country) William OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,
(Informant) I WALL SECTION OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Hullschild Filed Mar 21 st, 1914 Robert L Hastings REGISTRAN	19 PLACE OF BURIAL OR REMOVAL Petersburg Man 33 1914 20 UNDERTAKER ADDRESS AUGUST ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercu-lossis of lungs, meninges, pertionacum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Puerpreal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malk oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tctanus) (Recommendations on statement of may be stated under the head of (name origin; "Can State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914

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RECORD

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. NoWard) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE WIDOWED, (Write the word) EREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH allve on, 191..... (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ... Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death State yrs, mos. Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence

[If death occurred in

a hospital or institution.

give its NAME Instead of street and number.]

If more bianks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

{Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. causing neath, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager." "Dealer," etc., without more precise specistatement. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as naterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemlu," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can Examples:



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STATE OF MARYLAND LACE OF DEATH CERTIFICATE OF DEATH 70 4 Registration Dist. No. // 6 SICIANS shoul occupation Iff death occurred in a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH cisssified. (Month) (Day TAGE If LESS than and that death occurred on the date ateted above, at 1 day hrs. OR 7 properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) that It ms Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) back terms, 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 0 12 MAIDEN NAME in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) EATH yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? PE Former or OF Every Item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

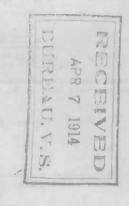
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as statement. who have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., pneumonla"); causing nearn (the primary affection with respect to ("Pneumonia." "Croup";) fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted Statement of cause of death-Name, first, the nisease meningitis"); Diphtheria (avoid Typhoid fever (never report "Typhoid Lohar pncumonia; Bronchopneumonia nuqualified, is indefinite): Tubercu-Examples: Cercbrospinal use of Carcin-

> mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," thcuia," "Anaemia" (mercly symptomatic), "Atrophy." valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PHYSICIANS should of OCCUPATION IS ated EXACTLY. PERMANENT AGE should be siproperly classified. 4 THIS IS UNFADING INK of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. WITH

CAUSE OF Important. S

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RECORD

1 PLACE OF DEATH County....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Ilt death occurred in

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VIIIa	FULL NAME Elawaye	Alcannon give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX	Male White Single, Married, Widowed, Write the word)	16 DATE OF DEATH Mel 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
Onte of Birth Decu 22, 1913 (Month) (Day Year)		That I last ssw h allve on 2 1914,	
7 AG		and that death occurred on the date stated above, at 10 0 m,	
	yrs	The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		Torred detle test (Duration) yrsmosds.	
BIF	State or country) Cambray Maylan	Secondary	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) Mandandanee 13 BIRTHPLACE OF MOTHER (State or country) Mandandanee (State or country)		(Signed)	
(Informant) Leave to the Best of My Knowledge		Where was disease contracted, If not at place of death? Former or usual residence	
(Address). Cambridge Mac 15 Filed Mul 24, 1914 ERWegg		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Occurred to the served of	
	HEGISTRAR SCOMPTLE Warker Cambridge		

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborergainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked ou may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," If the occupation has As examples: But iu many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiulte synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uamc origin; "Can mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Hanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and cousequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the Americau Medical Association.) by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustlou," (Recommendations on statement of State cause for



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Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	important. See instructions on back of certificate

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PERMANENT RECORD

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2754 1 PLACE OF DEATH County Lorchester

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No.
Viii	age or Gity Carling (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of sfreef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ATE OF BIRTH 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 1 HEREBY CERTIFY, That I attended deceased from 1 191 +, to 1111 +, t
TAC	92 yrs mos 9 ds. OR min.?	and that death occurred on the date stated above, at
(b) bus whi	Trade, protession, or ricular kind of work. General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	(Ourafion) yrs mos ds. Contributory Secondary (Ourafion) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 7	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death?
16 Fil	(Address) 23 Wells St. City lea Juan 31, 1914 ERWOLL REGISTRAR	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Carborage See Space 1914 20 UNDERTAKER ADDRESS Januar & St. Clara Cally

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

statement. Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lcsis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenciaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the ample: affection used not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

N. B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be information. See instructions on back of certificate. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

md.

	Net per the to see that the second section	Registration Dist. No. 115
VII	12ge or City Hopersulla (No. ,)	St.; Ward) [if death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH A COLOR OR RACE S SINGLE, MARRIED, WIDOWED, W		16 DATE OF DEATH March 22 ud., 191 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from March 5th, 191 4, to March 22 us, 191 4, that I last saw h. St. slive on March 2 1 st 191 4
TAG		and that death occurred on the date stated above, at b-A, m, The CAUSE OF DEATH* was as follows:
(a) par (b) bus	CCUPATION Trade, profession, or ficular kind of work General nature of industry, iness, or establishment in ch employed (or employer)	Boursello Pensumonia (Ouration) Oyrs a mos 12 ds
	(State or country)	Contributory & elastations of Hearty Secondary Julium (Duration) Oyrs O mos 2 ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or complex) fraction County, Ind.	(Signed) 191 (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS, TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted.
	(Address) It to place M. Tyler	If not at place of death? Former or USOAL PESIDENCE 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS With Jumpous Ho. Trading Oresta
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. thenla," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of lujury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report For vio-



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iApproved by U. S. census and American Public Health

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, periionaeum, etc.. Carcinological death of lungs, meninges, periionaeum, etc...

such, if impossible to determine definitely. cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent: Revolver second of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of . ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of (name origin; "Can-State cause for Examples:



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PLACE OF DEATH 275

County Dorchester



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No.

	noglottation Diot	
illage or City Jaylor & Islamod,	St.; Ward)	[If death occurred in a hospital or Institution, give its NAME instead

Henry Comish ot street and number.] **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 STALE 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, Massied WIDOWED, ORDINORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH March 21 1914 to March 3 that I last saw hum allve on March 27, 1914 (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: Requirentation 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) 2 yrs. #mos ## ds. which employed (or employer) Contributory .. BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS aylorle 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos, ds. State yrs, ____ mos. ___ ds Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lang Memorial to metery Maril 2 1914 andoria Island

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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CAUSING DEATH (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted "Croup";) fever (the only definite synonym is ("Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Typhoid unqualified, is indefinite): Tubercumeninges, peritonaeum, etc., fever (never Diphtheria report "Typhoid (avoid use "Epidemic cere-Carcin-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic scpsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," The nature of the "Exhaustion," Never report For vio-



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N. B.—Every Item o CAUSE OF I

RECORD

2758

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Village or City E. n. maslet (No.

This Cornich

1 PLACE OF DEATH

[if death occurred in ...Ward) a hospital or institution give its NAME Instead of street and number.]

md.

3 SEX 4 COLOR OR RACE 5 SINGLE, Lung 4 16 DATE OF DEATH	
male Black (Mydoced ORDIVORCED (Mydoced)	(Month) (Day (Year)
© DATE OF BIRTH 3 18 19/4	EBY CERTIFY, That I attended deceased from, 191, 191, 191, 191, 191
	ed on the date stated shove, at \$352 m
(a) Trade, profession, or particular kind of work. Can be described by the particular kind of work.	4
(b) Generat neture of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 1
9 BIRTHPLACE (State or country) Mary Land	(Duration) yrs mos ds.
10 NAME OF Seo. Deuby. (Signed) # 7.	Tueses, N.D.
Z OF FATHER (State or country) Mary Land *State the DISEASE	E CAUSING DEATH, or, in deaths from VIOLENT BEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Mary Cornect 18 LENGTH OF RESIDENT	ENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, S)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracts	nos ds. State yrs mos ds ad,
(Informant) Mary Corrush Former or usual residence	
(Address) En-Tuesdat Truf 19 PLACE OF BURIAL 15	+ no 1 3/20
Filed 20 UN DERTAKER REGISTRAR	eloughby & gr. Merly A

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indlvery Important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

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RECORD

PERMANENT

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Fit death occurred is a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, My (Month) (Dav ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased DATE OF BIRTH that I last saw h. Dalive on Man (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* OR mln. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death . _____ yrs. ____ mos. ... _ ds. State ... Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasen): Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Can-".Contributory." scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion,"



BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS WRITE PLAINLY, WITH UNFADING INK-THIS

PLACE OF DEATH 2760	STATE OF MARYLAND		
County Noe M	CERTIFICATE OF DEATH		
County	Registered No. 110		
Village or City Hulveke (No.	St; Ward) [It death occurred is a hospital or institution give its NAME losteat		
*FULL NAME Winiel Sis	field sf street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH 3 12 , 1914 (Month) (Day) (Year)		
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from		
(Month) (Day) (Year)	that I last saw h Assa slive on 3/10 1914		
7 AGE If LESS than t day,hrs. ds. ORmin.?	and that death occurred on the date stated above, at		
© OCCUPATION (a) Trade, profession, or particular kind of work.	Subuculosis		
(b) General nature of industry, business, or establishment in which employed (or employer)	(Doration) yrs 5 mos ds.		
State or country) Not les And	(Secondary) (Doration)		
10 NAME OF WEN & Griffith	(Signed) (Boration) yrs. mos. ds.		
State or country Worldon Sud	*State the DISEASE CAUSING DEATH, or, in deaths from Violent		
of Mother Water Bradles	CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State or country) Works Ind	At place In the of death yrs, mos ds. State yrs, mos ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?		
(Informact) Subject of the state of the stat	Former or osoal residence		
(Address) Autoche Md	Mas Hulson Mas 13, 1814		
Filed Max 13th, 1914 Robert L. Hashings	20 UNDERTAKER ADDRESS		
REGISTRAR	Att Mellandlen / Julock - 10		

If more bisnks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But ib many first line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, pot who receive a definite saiary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can he known. The question minc, etc. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer of Planter, For persons "Foreman," 6

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Tuesperal septichacetc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailyture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Tuerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Coilapse." "Coma," "Convulsions," "Debility" ("Con thebia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-



18 pinode OCCUPATION PERMANENT properly INK UNFADING certifical 80 0 back plain See Instructions 5 DEATH Item OF Important. CAUSE m

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No

It death occurred in of street and number.]

ADDRESS

St :----.Ward) a hospital or Institution, give its NAME Instead PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, Sung ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? TUSSIS BOCCUPATION (a) Trade, protession, or particular kind of work. (b) Beneral nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death _____ yrs. mos. ... State Where was disease contracted. 14 THE ABOVE IS TRU MY KNOWLEDGE It not at place of death?... usual residence. PLACE OF BURIAL OR REMOVAL 15

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons CAUSINO NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the misease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (7)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State eause for Never report



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Village or City Vienna R. F.D. (No. 2.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in a hospital or institution,
*FULL NAME Charles Je	ffereon give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH,
Male Colored Single, Midower (Write the word)	16 DATE OF DEATH March 1st 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE TAGE TAGE TAGE TOP TOP TOP TOP TOP TOP TOP TO	that I last saw h alive on 191 and that death occurred on the date stated above, at 8 m. The CAUSE OF DEATH* was as follows:
(a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Juberculores of the denigs. (Duration) Q yrs 5 mos 0 ds.
10 NAME OF FATHER WRITER County Maryland. 11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) WRITER (Informant) Henry C. Parker Colored Triend)	Contributory Secondary Cack of Care! (Doration) (Signed) (Signe
(Address)	19 PLACE OF BURIAL OR REMOVAL DE BOATE OF BURIAL

REGISTRAR

29 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatle), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of



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RECORD

PERMANENT

PHYSICIANS should state of OCCUPATION Is very ACE should be stated EXACTLY. properly classified. Exact statement of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. CAUSE OF Important. S m ż

PLACE OF DEATH County Declarate 2763	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cambridge (No. 2 FULL NAME Trances le R.	Registration Dist. No. Glenburn Ave St.; Ward) Lohnson Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Phidow Wisowes, ORDIVORCED (Write the word) 6 DATE OF BIRTH Mana 2 3 14 1837	16 DATE OF DEATH (Month) (Day (Year) 1 HEREBY CERTIFY, That I attended deceased from 10, 1914, to Much. 1 , 1914,
(Month) (Day (Year)	that I last saw h M allve on Such. 15 ,1914
FAGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 7.30 P. m. The CAUSE OF DEATH * was as follows: Atherona. Mohis - Adam Disease
parficular kind of work (b) General nature of industry, business, or establishmenf in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Convolsions Secondary
10 NAME OF FATHER Janus S. Radoliffs	(Signed) (Suration) yrs mos os. (Signed) Elwaff , M. D. Incl., 16, 1914 (Address) Cambrilge had
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 SIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	or Recent Residents) At place In the of death yrs mos ds. Where was disease contracted,
(Informant) Mers Maggir fordan	If not at place of death? Former or usual residence.
(Address) Cambeldge Ind 16 Filed Duch. 16 1914 ERWorg	Lambridge Med Meas 18, 1914 Address

Cambridge med If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

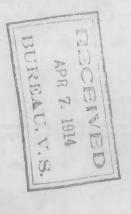
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[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged lu domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carein-

affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." merc symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) eause of death approved by Committee on Nomencia-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tclanus) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Puerperal septiehae-"Exhaustion," Never report



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N. B.

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

state that it may be properly classified. Exact statement of OCCUPATION is very PHYSICIANS should AGE should be stated EXACTLY. carefully supplied. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s Important. 2764

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

G	Sun Cy.	Register	red No. 115
V	FULL NAME Puth Saraw Jane	St; Ward	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
SI	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month)	20,1914. (Day) (Year)
B D	ATE OF BIRTH	May 2, 1914, to Ma	
	(Month) (Day) (Year)	that I last saw h allve on	9 ,191.4
A	Jrs. O mos. \ S ds. OR	and that death occurred on the date stated The GAUSE OF DEATH* was as follows:	above, at 19.30p.
pe (b) bus	CCUPATION) Trade, profession, or ricular kind of work. General nature of industry, iness, or establishment in ich employed (or employer)	Premain Buch	Sail of Care yrs. mos. ds.
9 8	IRTHPLACE tate or country)	Contributory (Secondary) (Duration)	vrs. mas ds.
S	10 NAME OF FATHER 11 BIRTHPLACE	(Signed) Ames W. M.	1 a da, M. D.
RENT	(State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL.	In deaths from VIOLENT d (2) whether Acciden-
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, on RECENT RESIDENTS) At place In the of death	,
	(Informant) . We a de	Where was disease contrected, It not at place of death? Former or usual residence	
15	(Address) Aisling Creek, Ma	Muhus Neck Color & Clevely	Max. 21 , 1914
	etharch 27th, 1914 Tof Hourton	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the diskass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chrowia cer" is less definite; avoid use of "Tumor" for maltyby carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 da.; Never report Examples: For vio



m m ż See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 115

V	FULL NAME PUTTY Saran J	St.; Ward) a hospital give its M	th occurred lo or Institution, NAME Instead and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVDRED (Write the word)	16 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY, That I attended dece	, 1914 (Year)
8 D	(Month) (Day) (Year)	that I last saw h. 21/ allve on May.	, 191.4.
7 AC	The state of the s	and that desth occurred on the date stated above, at	-
(b) bus whi	Trade, profession, or ficular kind of work. General nature of industry, ness, or establishment in ch employed (or employer) RTHPLACE tate or country)	Contributory Brancho - Premioria (Secondary) (Doration) O yrs o mo	4
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)	VIOLENT
Д.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, T OR RECENT RESIDENTS) At place In the ot death	
	(Interment) M. Q. Classes	It not at place of death? Former or usual residence.	7-00-00
16 FII	ed March 5th 1914 WH Houston MA	Henry Lambdin Laylors	H, 1914
	If more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISTABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpread septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train—acciwhich surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Deblifty" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measics; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. ctc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD IS UNFADING INK-THIS WRITE PLAINLY, WITH

PLACE OF DEATH 2766 County ADE	STATE OF MARYLAND CERTIFICATE OF DEATH
1-1-1	Registered No.
Village or City Lenna (No. No. Te	St; Ward) [It death occorred in a hospital or lostitution, give its NAME lostead ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	
Male White (Marrieo, Walled Orbivorces (Write the word)	(Month) (Day), (Year)
DATE OF BIATH	17 I HEREBY CERTIFY, That I attanded deceased from
Way 27,84	March 28, 1914, to March 3000, 1914,
(Month) (Day) (Year)	that I last aaw h tree allva on March 30 , 1944
7 AGE If LESS than	and that death occurred on the date stated above, at 10 30/m.
yrs. 10 mos. 3 ds. 1 day,hrs. or. mio. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Roline of Frances	4
particular kind of work (h) General nature of industry,	Voluntile gra
business, or establishment in	(Duration) yrs o mos & cs.
which employed (or employer)	Contributory arteria Schlerines
BIRTHPLACE (State or country)	(Secondary)
10 NAME OF AND	(Daration) so yrs mos ds.
FATHER Tolother Tolley	(Signed) I tyll agefred, M. D.
O 11 BIRTHPLACE	3/-, 191 4 (Address) 1/2-2-2. 111 c
Z (State or country)	*State the DISEASE CAUSING DEATH, OF in deaths from Vicinia
11 BIRTHPLACE OF FATHER (State or (country) 12 MAIDEN NAME OF MOTHER TO MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER / Zelly / Crause	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORT
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place in the
(State or country)	ot death yrs. mos. ds. State yrs. mos. ds.
14 THE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) del felless from	Former or osual residence
ienna Sil	19
(Address) (Addre	Verma MAR 3 1 19 194
Filed 3 1 19 4 191 Odward 6. Lanckin	20 UNDERTAKER ADDRESS
REGISTRAR	H. H. Kellow My Now Soul Mouleak he

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons (4)

Statement of cause of death—Name, first, the prisease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUBY and qualify as wblch surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uraemla," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 de.; affection need not be stated unless; important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report



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PHYSICIANS should state of OCCUPATION Is very

RECORD

DEATH

1 PLACE OF

County Dorohester

Village or City

Reid's Grove,

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112.

St.;.....Ward)

Ilt death occurred le a hospital or institution, give its NAME instead ot street and nomber.]

Vienna, R.F.D

	PERSO	NAL AND STATISTIC	CAL PARTICUL	ARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX COL		4 COLOR OR RACE Female	5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the W	ingle.	16 DATE OF DEATH MAR (Month)	7 - 1014 , 191. (Day (Year)
6 DATE	OF BIRTH	November		, 912.	, 191, to	
7 AGE	, ,	(Month)	10	(Year) If LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date sta The CAUSE OF DEATH* was as follows:	ted above, st 5 & m,
(a) Tra particu (b) Ger busines:	JPATION de, protession, lar kind of wor neral nature of s, or establis imployed (or er	kIndustry,	o Ne		Probably Pneumon (Ouration)	nIą.
9 BIRT (St	HPLACE ate or coun				Contributory Secondary (Ouration)	grsds.
z	BIRTHPLA OF FATH (State or	Willia Loce en country) Virg:			(Signed) NO Doctor in atte	ard & Lankin
PA	MAIDEN N	sina Jo	ones.		*State the DISEASE CAUSING DEATH. CAUSES, STATE THE MEANS OF THOUGHT. TAL, SUIGIDAL OF HOMIGIDAL TO THE STATE OF HOSPITA	
		country) NAMY			At place in the of death yrs mos ds. Stat	ne
	rmant) W1	TRUE TO THE BEST	(Fat	her.)	Where was disease contracted, If not at place of death? Former or usual residence.	6
15	(Address)	Vienna, P.1		Wa.	Peid's Grove, Md.	March 8" 181 4.
REIM	- 101/	191 Ddwa	A/10.0	Lawken.	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

LOCAL

Sam Sasphas. (friend)

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viogenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 7 1914
BUREAU, V.S.

V. S. No. 1.

PERMANENT PLAINLY, WITH UNFADING INK-THIS

RECORD

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF

Important.

N. B.-

1 PLACE OF DEATH

Dorchester

STATE OF MARYLAND CERTIFICATE OF DEATH

111

an and a re-	Registration Dist, No. // 6
Village or City Couchi dgs (No	St.; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Funds Colored Single, Wisowed, Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Left 9, 1888 (Month) (Day (Year)	756-25 1914, to Med. 1 1914, that I last saw her allve on Mich. 1 1914
25 3 mos 22 ds OR min. ?	and that death occurred on the date stated above, at 6m, The CAUSE OF DEATH* was as follows:
10 NAME OF FATHER Howard Rwark 11 BIRTHPLACE (State or country) Coff Father (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country) 15 BIRTHPLACE (State or country) 16 MAIDEN NAME OF FATHER (State or country) 17 BIRTHPLACE OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 10 NAME OF STATHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	Contributory Slovel (Duration) yrs. mos. ds. Contributory Slovel (Signed) yrs. mos. ds. (Signed) (Duration) yrs. mos. ds. (Signed) (Duration) yrs. mos. ds. (Signed) (Duration) yrs. mos. ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs. mos. ds. State yrs. mos. ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Service Jackson. (Address). Cambridye, Ind.	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Countridge, And Date of Burial London 3, 1914
Filed Inch 2 ,191 4 S. S. Wolff REGISTRAN	Levri H. Baynener Cambidge Med
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for genital," "Senile," etc.), "Dropsy," "Exhaustion," themia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing death), 29 ds.; such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory may be stated under the head (Recommendations on statement of (secondary or intercurrent)



No.

PHYSICIANS should state of OCCUPATION is very

RECORD

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

County Dorchester,

Registration Dist. No. 110

Village or	City Mear Hurlock, (No.	meses

.St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Harry Ward Marine,

SEX Male, "White, "Single, woowed, Single, Sin		PERS	SONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
NOV. IOth (Month) (Day (Year) TAGE II LESS than 1 day, hrs. or mos. 24 ds. or min.? **OCCUPATION** (a) Trade pression, or particular kind of work. None, subsess, or setablishment in which employed (or employer) **BIRTHPLACE* (State or country) **BIRTHPLACE* (State or country) **I BIRTHPLACE* OF FATHER **I MAIDEN NAME OF MOTHER Ella C. Windsor, 12 MAIDEN NAME OF MOTHER Ella C. Windsor, 13 BIRTHPLACE* OF MOTHER Ella C. Windsor, 13 BIRTHPLACE* OF MOTHER Ella C. Windsor, 14 BIRTHPLACE* OF MOTHER Ella C. Windsor, 15 BIRTHPLACE* OF MOTHER Ella C. Windsor, 16 CAUSE OF DEATH ** was as follows: 17 MAIDEN NAME OF STATHER Mary M				MARRIED, WIOOWED, ORDIVORCEO Single,	Mar. 4 (Month)	(Day (Year)
and that death occurred on the date stated above, at 3-20-2 m, 1 day, hrs. or min.? **OCCUPATION** (a) Trade, profession, or particular kind of work. None, (b) General nature of industry, business, or establishment in which amployed (or employer) **BIRTHPLACE** (State or country) **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **OF MOTHER** **In BIRTHPLACE** (State or country) **MAIDEN NAME** **State the Diskage Causino Dearni, or, in deaths from Violent Tall, Suicidal, or Howicidal, In Birthplace* **OF MOTHER** **OF MOTHER**	6 D	ATE OF BIR	Nov.		Mar 1 51 , 1914, to M	N 4 , 1914,
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) Naryland, 10 NAME OF FATHER Frank H. Marine, 11 BIRTHPLACE OF FATHER (State or country) Maryland, 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Maryland, 13 BIRTHPLACE OF MOTHER (State or country) Maryland, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Frank H. Marine, (Address) Hurlock, Md. R.F.D. (Address) Hurlock, Md. R.F.D. RECONTRAN (Address) Maryland DATE OF BURIAL Pederalsburg, Md. None. (Duration) Yrs. mos. J. 6s. Contributory Secondary (Boration) Myrs. mos. J. 6s. (Signed) J. J. Maryland, "State the Diséase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Acc	7 A		I3 yrs 3	It LESS than	The CAUSE OF DEATH* was as follow	
OF FATHER 10 NAME OF FATHER Frank H. Narine, Signed Secondary Sunskin New (Doration) Secondary Seco	(a pa (b) bus) Trade, protess irticular kind of) General natur siness, or est	ion, or workNone, e of industry, ablishment in			***************************************
10 NAME OF FATHER		IRTHPLACE	ountry)		Secondary (N	
11 BIRTHPLACE OF FATHER (State or country) Maryland, 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maryland, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Hurlock, Md. R.F.D. (Address) Hurlock, Md. R.F.D. (Address) 19 PLACE OF BURIAL OR REMOVAL Filed Mary 5: M. 1914 Robust & Harshare 19 PLACE OF BURIAL OR REMOVAL Federalsburg, Nd. Pederalsburg Tak, SUICIDAL, Or HOMICIDAL (Address) Maryland, *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally and (3) whether Accidentally and (4)	5		OF :R		I desert	yrs, M. D.
Ella C. Windsor, 13 BIRTHPLACE OF MOTHER (State or country) Maryland. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Frank H. Marine, (Address) Hurlock, Md. R.F.D. 15 Filed Mar 5. 1914 Robust & Harsing Registers Registers 18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Pederalsburg, Md. Mar 6th, 1911 20 UNDERTAKER J. T. Framptom & Son, Federalsburg	-	OF FA (State	or country) Mar		*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY	or, in deaths from Violent and (2) whether Acciden-
(Informant) Frank H. Marine, (Address) Hurlock, Md. R.F.D. 15 Filed Mar 5. L. 1914 Robert L. Hastergo Registran Frank H. Marine, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Pederalsburg, Md. Mar. 6th, 1911 20 UNDERTAKER J. T. Framptom & Son, Federalsburg	PA	13 BIRTHE	PLACE THER		18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS) At place In 11	ie
Hurlock, Md. R.F.D. 15 Filed Mar 5. L. 1914 Pohul L Hassengo REGISTRAR 19 PLACE OF BURIAL OR REMOVAL Federalsburg. Nd. Page 1914 Pohul L Hassengo Registrar J.T. Framptom & Son, Federalsburg					Where was disease contracted, If not at place of death? Former or	
Filed Mar 5. 1914 Tohut & Hasley o J.T. Framptom & Son, Federalsburg		(Address)	Hurlock	, Md. R.F.D.		
	15 Fil	ed Max	5. dt 1914 Rober	t L Hastingo	20 UNDERTAKER	

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report For vio-0

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1014
BURELAUNS

PHYSICIANS should state

RECORD

properly classified. Exact statement of OCCUPATION is very

Important.

N. B.-

county orchester



STATE OF MARYLAND CERTIFICATE OF DEATH

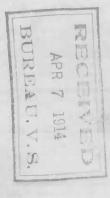
	Registration Dist, No. 116
Village or City Cambredge (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White only or the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, Widowsto, Widowsto, Widowsto, Widowsto, Write the word)	18 DATE OF DEATH Mark 18 , 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Macel 7, 1852 (Month) (Day (Year)	march 13 1914, to March 18 1916, that I last saw h 12 alive on Mol 17 , 1914
7 AGE 6 2 yrs mos ds. OR min.?	and that death occurred on the date stated above, at \$30.A.m. The CAUSE OF DEATH* was as follows: Cardral Remarkas - mit
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Paraly 115. (Duration) yrs. mos. 6 ds.
9 BIRTHPLACE (State or country) Mougland	Gontributory
11 BIRTHPLACE OF FATHER (State or country) Mauflurd Manglurd Ma	(Signed) Service (Address) Cauchy (M. D. *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) May land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Caferel really ff	DATE OF BURIAL OR REMOVAL DATE OF BURIAL March 2,9314. 20 UNDERTAKER ADDRESS ARCOMITTE THAT
II more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V/S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avold use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 "Senlle," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," State cause for "Exhaustion,"



RECORD

PERMANENT

V

should is OCCUPATION 7 of terms, n back piain Instructions 2 EATH 9 Every Item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Dorchester Registration Dist. No. Ilf death occurred in StWard) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, Hidower (Write the word) I HEREBY CERTIFY. That I attended deceased from (Year) (Month) (Day 7 AGE If LESS than 1 day,hrs. The CAUSE OF DEATH* was as lollows: OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work_ (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State yrs. ___ mos. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKE ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," "Foreman,"

lesis of lungs, meninges, peritonacum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia causing death (the primary affection with respect to ("Pneumonia." unquallifed, is indefinite): Tubercu-"Croup";) term for the same disease. time and causatiou), using always the same accepted ferer (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid forer (never report "Typhoid Diphtheria Examples: Ccrebrospinal "Epidemie cere-(avoid use

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (mcrely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ctc., when a definite disease can be ascertained as the geuital," "Collapse," "Coma," "Courulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the Americau Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver Cound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vio-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. County Drochester RECORD PERMANENT 4 UNFADING INK-THIS IS CAUSE OF I

2772 (20

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

2 .	Registration Dist. No. //6
Village or City Arreys (No, Pring Mo	St.; Ward) [if death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE MARRIED, WIDDED, WIDDED, ORDIVORGED (Write the word) B DATE OF BIRTH	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from on what Nov., 1913, to
Month 13 1895 (Year) 7 AGE 16 LESS than 1 day,	that I last saw have alive on above 181 1 Nov - 1913 and that death occurred on the date stated above, at 12.20 A. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Many Land	(Duration) 1 yrs 2 mos. ds. Gontributory Secondary
10 NAME OF FATHER Caleb Moslock 11 BIRTHPLACE OF FATHER (State or country) Mary Land 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) Mary Land 13 BIRTHPLACE OF MOTHER (State or country) Mary Land	(Signed)
(Informant) ball bolock (Address) Arry Ma 15 Flied July 26, 191 4 Elwalga REGISTRAR	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wheal, J. J. J. J. 1914. 20 UNDERTAKER H. M. Willis Wars Cambridge ind

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as mus," "Old Age," "Shock," "Urucmia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. eause of death approved by Committee A Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Alhe nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "PUERPERAL septichae-"Exhaustion,"



No. 1. 02 Important.

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Village or City Cambridge (No. 2) 2FULL NAME Alice & Oran.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernal Helici Single, Manual Widower, Orbivorceo (Write the word) 8 DATE OF BIRTH Sont-Know 18.85	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Mol (1914, to Mol (1914)
(Month) (Day (Year) 7 AGE 2 8 yrs	and that death occurred on the date stated above, and 1-30 P.m. The CAUSE OF DEATH* was as follows: Preumonia
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Dovehuster & Mad	Contributory Chasic Calentes Ententis Secondary (Duration) yrs mes ds
11 BIRTHPLACE 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 14 Great Greather 15 Greather 16 Greather 17 Greather 18 Greather 18 Greather 18 Greather 19 Julia Havenum 18 BIRTHPLACE	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) 15 Filed Meh. 12 1914 ERWolff	of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual rosidence 19 PLACE OF BURIAL OR REMOVAL Openhouse M. March 13 1914.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bulto., Requesting V. S. No. 1.

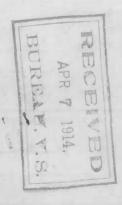


[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," scpsis, tetanus) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., whou a defiuite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be significant in plain terms, so that it may be properly classified. See instructions on back of certificate. WITH UNFADING INK-THIS IS A PLAINLY.

CAUSE OF

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Village or City Lloyds





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :	V	(ard)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME TE ROY L' CELE	of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Marrieo, Surgle Wiooweo, OR OLYORGEO (Write the word)	16 DATE OF DEATH 14 , 1914 (Month) (Day (Year)
6 DATE OF BIRTH MAY 13 , 1913	HEREBY CERTIFY, That I attended deceased from May // 1914, to May /4 1914 that I last saw h May alive on May / 4 1914
7 AGE (Month) (Day (Year) 1 t LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at // P m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos 4 ds Contributory Bronchyo - Anumomo
10 NAME OF FATHER PUCK AND PETERS 11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN NAME OF MOTHER	(Signed) Storks , M. D. (Signed) Storks , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Salay Nyght 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usoal residence.
16 Thought & O Stoles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAMBULAY 20 UNDERTAKER 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursults can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Furm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the klud of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing nearii, state occupation at beginning of illbeen changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberencies of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. sepsis, totanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT UNFADING INK-THIS IS of information should be carefully supplied. DEATH in plain terms, so that it may be See instructions on back of certificate. PLAINLY, WITH

CAUSE OF Important,

N. B.

No. 02 RECORD

1 PLACE OF DEATH

2775



STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Mar, Vienna (No. ,	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, Single, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March // , 1914. (Month) (Day (Year)
7 AGE Control Control	and that death occurred on the date stated above, at 3 A.m.
yrs ds. OR min.? B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: (Duration) The CAUSE OF DEATH* was as follows: (Duration) The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Sieura, Mal. 16 AFRI 11914 191 Edward E-Local Registrar If more blanks are needed, address State Registrar	Vienna, Md. Vienna, Md. Vienna, Md. Oute of Burial Vienna, Md. Oute of Burial APPLACE OF BURIAL Vienna, Md. Strar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal applles to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to-report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maileoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic_acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Mcasles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 7 1914
BURBAU, V.S.

(Address)

May 20

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	2776	
	1 PLAGE OF DEATH	STATE OF MARYLAND
Co	unty Wor	CERTIFICATE OF DEATH
00	unity.	Registered No. //D
Vi	liage or City Petersburg (No. :	St; Ward) [If death occurred in a hospital or institution
	*FULL NAME Mary 6 K	obuses give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BE:	4 COLOR OR RACE MARRIED, MIDOWED, WIDOWED, WIDOWED, WITH the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY. That I stranged deceased from
6 DA	TE OF BIATH (Month) (Day) (Year)	that I lost saw her alive on her 18, 1918
7 AG		and that death occurred on the date stated above, at 130 p.m.
	36 yrs. mos. ds. or min.?	The CAUSE OF DEATH* was as follows:
(a)	CUPATION Trade, profession, or House Wife Icular kind of work	Branks Premoin
busin	Beneral nature of Industry, ess, or establishment in Abecse work h employed (or employer)	20 days (Doration) yrs. mos. cs.
9 BIF	ATHPLACE ate or country) Rox, les hid	(Secondary) (Duration) (Duration) (Secondary) (Secondary)
	10 NAME OF Jem Jolly	(Signed) (9 Fings, M. D.
	11 BIRTHPLACE OF FATHER (State or country) Rock No Med	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
4	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
۵.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds, State yrs, mos, ds.
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?

filling If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

Former or usual residence

may 20th

ADDRESS

OR REMOVAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iliheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. naterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age (a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclamia," "Puerperal pertionitie," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage. as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measics; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR & TOTAL

No. 1.

V. S. .

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PHYSICIANS should state of OCCUPATION IS very PHYSICIANS RECORD PERMANENT properly classified. UNFADING INK-THIS IS AGE See instructions DEATH WRITE OF important. Every Its

(Address).

Filed Much. 18

15

PLACE OF DEATH orchise



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No.
Village or C	FULL NAME GOULTON Sho	St.; Ward) [If deeth occurred in a hospital or insflution, give its NAME instead of streef and number.]
PE	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX male	Acolor or race Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF B	Marale 7 19/4 (Month) (Day (Year)	that I last saw h alive on the date stated above, at 7 P m
(a) Trade, profe perticuler kind (b) General nat business, or	ession, or Hon	The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: Displicitly as a second of the control of the cause of the ca
SO TO NAME FATE SO TO NAME FATE TO NAME FATE OF SO TO NAME FATE OF MALE OF MALE	eountry) Dorahester. Md. EOF HER Eurist—Shorter HPLACE FATHER te or country) Dorcheste, Med MOTHER Sadi Insly HPLACE HPLACE HOTHER te or country) Dorcheste Med	Contributory Secondary (Signed) *State the Disease Causing Death, or, in deads from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) Af place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
14 THE ABOV	VE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at piece of death?

DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or

usual residence

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeeper's "Mauager," "Dealer," etc., without more precise specition is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits cau be known. The question who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstilial nephrilis. oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of may be stated under the head "Exhaustion,"



No.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No. [If death occurred in Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, cia 1 day hrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 50 11 BIRTHPLACE , 191 4. (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the -OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State yrs. ____ _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or OF usual residence. mportant. ш 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAUSI 16 ADDRESS

REGISTRAR

If more manks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," But ln many As examples: "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., Careinpneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to "Croup";) time and causation), using always the same accepted ("Pneumonia," fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhold unqualified, is indefinite): Tubercu-Diphtheria "Epidemic cere-(avoid use

> valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehue etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head The nature of the "Exhaustion," Never report



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state Very -PHYSICIANS should OCCUPATION ō statement classified. properly pe may certificate. ō back pinous UO plain Instructions of information DEATH in plai Sea N. B.—Every item c CAUSE OF I

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PARENTS

16

DATE OF BIRTH

SOCCUPATION (a) Trade, profession, or

particular kind of work.

10 NAME OF FATHER

(Address)

(b) General nature of Industry,

business, or establishment in

which employed (or employer) -----

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE, MARRIED,

MARRIED, WIDOWED, ORDIVORCED (Write the Word)

(Day

23 ds.



(Year)

If LESS tha

1 dayhrs

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No // O

	St.;War	d) a hospital give its	th occurred la or institution NAME instead and number.]
MEDICAL	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Snarch	geh	1914
	(Month)	(Day	(Year)
17 I HEREB	Y CERTIFY, The	t - I attended de	ceased fro
no Theen	for topic	allenden	C 191
that I last saw ha	ilive on		, 191
and that death occurred	on the date stat	ed above, at	
The CAUSE OF DEATH			
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Course of dear		By June	luce
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(Signed) Robert L. March gingsy.	Nasture (Address) Hu	go Joene lack A	legent
(Signed) Colut A. Manel 9th 1914. *State the Disease (CAUSES, state (1) ME. TAL, SUICIDAL, OF HOM	Address) Hand (Address) Hand (Address) Death, ANS OF INJURY; ICIDAL.	On Joseph lack Dor, in deaths fr and (2) wheth	legear om Violei er Accide
(Signed) Count of March 2th 1914. *State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM	(Address) HAM. CAUSING DEATH, ANS OF INJURY; ICIDAL. NCE (FOR HOSPITA	On Joseph lack Dor, in deaths fr and (2) wheth	legear om Violei er Accide
(Signed) Colut A. Manel 9th 1914. *State the DISEASE CAUSES, state (1) ME. TAL, SUICIDAL, OF HOM	(Address) HAM. CAUSING DEATH, ANS OF INJURY; ICIDAL. NCE (FOR HOSPITA	or, in deaths fr and (2) wheth	tegent om Violet er Accide
(Signed) tout de March 2 March 2 Mgs. *State the Disease (CAUSES, state (1) ME. TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDEN OF RECENT RESIDENTS	(Address) Har. CAUSING DEATH, ANN OF INJURY; ICIDAL. In the	or, in deaths fr and (2) wheth	om VIOLET ACCIDE
(Signed) Colut d. Manel 9th 1914. *State the Disease Causes, state (1) Me TAL, SUICIDAL, or HOM 18 LENGTH OF RESIDENTS) At place of death yrs. mos Where was disease contracted,	(Address) The Causing Death, and of Injury; icidal. ICE (FOR HOSPITA In the State of State o	or, in deaths fr and (2) wheth	om VIOLET ACCIDE
(Signed) Court d. March 9th 1914. *State the Disease (CAUSES, State (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDENTS) At place of death yrs. mos Where was disease contracted, if not at place of death?	(Address) The Causing Death, and of Injury; icidal. ICE (FOR HOSPITA In the State of State o	or, in deaths fr and (2) wheth	om VIOLET ACCIDE
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(Signed) Count A. March 2th, 1914. *State the Disease Causes, state (1) Me TAL, SUICIDAL, or HOM 18 LENGTH OF RESIDENCE OF RECENT RESIDENTS) At place of death yrs. mos Where was disease contracted, if not at place of death? Former or usual residence.	(Address) HAM. CAUSING DEATH, ANS OF INJURY; ICIDAL. In the S	or, in deaths fr and (2) wheth	om VIOLET ACCIDE
(Signed) Losset (Signed) Losset (1914). *State the Disease (Causes, state (1) Me TAL, SUICIDAL, Or HOM PRECENT RESIDENTS) At place of deathyrsmos Where was disease contracted, if not at place of death? Former or	(Address) HAM. CAUSING DEATH, ANS OF INJURY; ICIDAL. In the S	or, in deaths fr and (2) wheth	om VIOLET ACCIDE
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(Signed) *State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM OF RECENT RESIDENTS) At place of death	(Address) HAM. CAUSING DEATH, ANS OF INJURY; ICIDAL. In the S	or, in deaths fr and (2) wheth Ls, Institutions,	om VIOLE er Accide

9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Bedesting V. S. No. 1.

8. No.

PLAINLY,

WRITE

[Approved by U. S. Census and American Public Health Association.]

Housesvife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BURELAU, V.S.

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PARENTS

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RECORD

PERMANENT

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

9 BIRTHPLACE

particular kind of work. (b) General nature of Industry,

business, or establishment in

(State or country) 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

OF MOTHER (State or country

(State or country)

which employed (or employer)

TAGE

S SINGLE.

MARRIED. WIDOWED. ORDIVORCED (Write the word)

(Day



90

(Year)

It LESS than

1 dayhrs.

OR 7

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. [If death occurred inWard) a hospital or Institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day I HEREBY CERTIFY, That I attended and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: mos Wb de

Secondary (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place

of death _____ yrs. ___ mos. State _____ yrs, ____ mos. Where was disease contracted.

If not at place of death?

Former or usuai residence

Contributory

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKEN ADDRESS inceus

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAN

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons dutles of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfui-(a) Spinner, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of sknli, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Medicai Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify aii diseases resuiting from (Recommendations on statement of State cause for Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 7 1914
BUREAULTES

4 IS THIS UNFADING INK-WITH PLAINLY, WRITE

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OCCUPATION PHYSICIANS RECORD

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Item OF

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Every item CAUSE OF important.

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PERMANENT EXACTLY.

S. No. 1.

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) Doril Kuru (Month) (Day TAGE if LESS than 1 day,hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF 50 of information should be DEATH in piain terms. See instructions on back 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE MY KNOWLEDGE



(Year)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

ully St.; Ward)	a hospital or institution, give its NAME Instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH Such	2 4 , 1914 (Day (Year)
(Month) 17 I HEREBY CERTIFY, That I is Oi. Keels 19, 1914, to	attended deceased from
and that death occurred on the date stated at the CAUSE OF DEATH * was as follows:	19 ,191 4 above, at 9 0 m,
Parennia Ser	(halas)
Gontributory Queales Secondary	yrsds.
(Signed) John (Duration) (Signed) John Manuel 25, 1914 (Address) Communications	
*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	in deaths from VIOLENT (2) whether Acciden-
Where was disease contracted, if not at piece of death? Former or usual residence	NSTITUTIONS, TRANSIENTS,
acress Ind.	RATE OF BURIAL Rich, 26, 1914
WM 71 Stanley	ADDRESS ind

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for "Exhaustion," For VIO-



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. A PERMANENT PLAINLY, WITH UNFADING INK-THIS IS WRITE N. B.—Every Item of CAUSE OF I PLACE OF DEATH
County Dorchester





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112.

1. 1.	Registration Dist. No. 115.
Village or Gity Auddletown, (No	[it death occurred in
Village or City (No	St.; Ward) a hospital or Institution,
(b) / er	give its NAME Instead
2 FULL NAME Keefus Ofen	ry Calou Dewart of street and nomber.]
- FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MANDE 1 ST
(a. a 1) a wipower. Auggle,	· 71444 - , 1917
Male Colored (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	
Dekt. 15 ,913	, 191, to, 191,
(Month) (Day (Year)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at 7 a. m.
5 /14 t day,hrs.	The CAUSE OF DEATH* was as follows:
yrs	a b
OCCUPATION	Conto Horna Charles
(a) Trade, profession, or particular kind of work	
(b) General nature of industry.	
business, or establishment in	(Duration) Q yrs Q mos 5 ds.
which employed (or employer)	
(State or country)	Secondary
Norchester County, Tha,	(Doration) yrs mos ds
10 NAME OF BLAL 46 Yelligitimals	(Signed) No Doctor in attendances 40
(vover reuson)	(h. Da" 1 51
of FATHER Masse Que dil	March 7, 1914. (Address) Doward & Lasselin
OF FATHER (State or country) Mary Land	*State the DISEASE CAUSING DEATH, or, in deathe from VIOLENT
W 12 MAIDEN NAME OF MOTHER OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, that (1) MEANS OF INJUST; and (2) whether Accumental, Surelpan, or Houngright.
a Chaura Delevart	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONE, TRANSIENTE,
13 BIRTHPLACE Chair O	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) Maryland.	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(interment Noah Stewart (Grand Lather)	It not at place of death?————————————————————————————————————
(Interment) I oak Sewart Track father)	usual residence
(Address Velenia, N. F. D. # h. Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Veenua, Mds. March 2"1914
R 2 1014 67 8	200
191 191 LOSE REGISTRAN	100 111 -1 1
	Thomas Vincent Vienna And.
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease eausing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; For VIO-



of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p Important. See Instructions on back of certificate.

N.B.

2783

PLACE OF DEATH
County Doublestie

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
VIIIage or City Cluste weeks 2 FULL NAME Hancy Caro	give its WAMF lestead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE Single, reconsect. MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	meh 1 1914, to 2016 13 1914, that I last saw h 2 alive on 2016 13 1914
about 70 yrs mos ds. Ormin.?	and that death occurred on the date stated above, at 10 m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry,	Hrmplige
usiness, or establishment in which employed (or employer)	(Duration) yrs mos ds.
BIRTHPLACE (State or country) Mayland	Contributory (Secondary) (Doration) yrs mes ds.
10 NAME OF Majery Ross	(Signed) Uct for 6 Court , M. D.
11 BIRTHPLACE OF FATHER (State or country) Mayland 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) waskern	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds.
(Informant) Chas Roso	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Junele Guele Filed Mag 19, 1914	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Stuck Cock Mal (, 191
John R. Jeelen REGISTRAR	Towall Phelarder Thereb Treck.

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulit should be used only when needed. essary to know (a) the kind of work and also (b) (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malk The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," __ (name origin; "Can-The nature of the Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLAINLY, WITH UNFADING INK-THIS IS A

2784

PLACE OF DEATH

STATE OF MARYLAND

County Dorchecket	CERTIFICATE OF DEATH
	Registration Dist. No. 110
Village or City Eldorodo (No,	St.; Ward) [If death occurred to a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesnal Thete Single, Married, Widowed, Wille the word)	(Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day (Year)	that I last saw halive on, 191
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Drawy Land	Contributory Syphiatic production
11 BIRTHPLACE OF FATHER (State or country) Many land 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 13 BIRTHPLACE	(Signed) yrs mos ds. (Signed) 7 200 M. D. Procect 30, 1914 (Address) 2. 71. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) True is howard	At place of death
16 Filed Mar 30th, 1914 Robert & Hastings REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Eldovo do ma 3 30, 191. 4 20 UNDERTAKER F.B. Meloughly Harthel

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the ness of various pursuits can be known. The question who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasby earbolic acid-probably suicide. The nature of the ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BURDAU, V.S.

V. S. No. 1.

N.B.

ated EXACTLY. PHYSICIANS should Exact statement of OCCUPATION is RECORD A PERMANENT stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. UNFADING INK-THIS IS -Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate. PLAINLY, WITH WRITE

state

Dorchisles



STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty dorchister	CERTIFICATE OF DEATH
	nest	Registration Dist. No. 110
Vil	Plage or City Pholosofail (No. ,)	St.; Ward) [It death occurred to a hospital or institution, give its NAMF Instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, Marked WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Maz. 8 ,1914 (Month) (Day (Year)
	ATE OF BIRTH Rely Don't /way 1 85/ (Month) (Day (Year)	that I last saw harmalive on Man. 8, 1914.
TAI	62 yrs 5 mos ds 1 day, hrs. OR min. ?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) pa (b)	Trade, profession, or riticular kind of work	Doranches Orientamental
98	10 NAME OF 100 Mary land	Contributory Secondary (Doration) yrs mos ds
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Many land	(Signed) Man 9th 1914 (Address) *State the Disease Causing Death, or, in deaths from Violent
PAR	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Mary Land	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds.
	(Interment) Bert Ucurally	Where was disease contracted, If not at place of death? Former or usual residence
15 FII		Brook View mel may 10 ch 191.
	REGISTRAR	+. Miloughby Hur lock mil

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BURLAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED W. B. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	county Dorcheste 10	CERTIFICATE OF DEATH
	0	Registered No.
1	Village or City Mean Secretary	St; Ward) [It deeth occurred in a hospital or institution,
	C. I W	give its NAME instead of street and number.]
-	FULL NAME Clause 110	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH MAN 9 101 4
	Fewale While (Write the word)	(Month) (Day) (Year)
-		17 I HEREBY CERTIFY, That I attended deceased from
0.0	DATE OF BIRTH Don't Know , 4 3 8	Jan. 7 1914, to Man 1914
	, /.A	that I last saw har alive on mor y 191 4
7.	(Month) (Day) (Year)	
	A day has	and that death occurred on the date stated above, at 12/3 Pm.
	7 Cyrs. mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 0	OCCUPATION M	
	a) Frade, profession, or Moure Keeker	Refereles Chronic + Dropsy
	articular kind of work) General nature of industry,	
bus	siness, or establishment in	(Doration) yrs 2 mos ds.
-	nich employed (or employer)	
(8	State or country) Boheman	Contributory (Secondary) (Duration) yrs mos cs.
	10 NAME OF John Percel	(Signed) A. T. Mierls
IS	11 BIRTHPLACE 10 1	191 (Address) & n. marluf ms
Z	OF FATHER (State or country)	
ARENT	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
D	OF MOTHER Cloud / Excoce	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTE
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country)	of death yrs. mos. ds. State yrs, mos. ds.
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Joseph Wavel Son	Former or
	(Informant)	usual residence
	(Address) Cast New Market	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Secretary md. 3/11, 1814
Fil	led, 191	20 UNDERTAKER ADDRESS
	REGISTRAR	H H miloughby & n. mustet
	If more blanks are needed, address State Registrar	
		1201

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care For many occupations a single word or term on the been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synohym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may he stated under the head of which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerran septichieetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acld-probably suicide. The pature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-For VIO-



No.

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state ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very properly classified. See instructions on back of of information should b

PERMANENT RECORD carefully supplied. B.—Every item CAUSE OF Important. PLACE OF DEATH 2787

County Dorchester



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13

	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male African (Note the word) Mar. 5 SINGLE, MARIED, Pringle WIDOVERCED (IN rite the word)	16 DATE OF DEATH Month Day (Year)
(Month) (Day (Year) 7 AGE !! LESS than 1 day,hrs. ORmin.?	and that I last saw h alive on March 5, 1914 and that death occurred on the date stated above, at 2 P. m. The CAUSE OF DEATH* was as follows: Semature Dirth (7 mg)
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Perfect Country) MAG	(Duration) 715 7 mos sis. Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Mary 6. Johnson 13 BIRTHPLACE OF MOTHER (State or country) Mod	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos. ds.
(Informant) Same C. Ward (Address) Goldan Hill ma 16 Filed March 10, 1814 Jo. 17. Official Registrans	Where was disease contracted, it not at place of death? Former or usual residence. 1981 Lage of Burial or Removal Mechania Neck Doc Co. March 10, 1914. 20 UNDERTAKER Herry M. Kanntdin Don Co. Don L. Lind
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. cases, especially in industrial employments, it is neccated thus: duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

pneumonia"); time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," "Croup";) brospinal fover (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of Typhoid Lobar pneumonia; Bronehopneumonia meninges, peritonacum, etc., unqualified, is indefinite): Tubercufever (never report "Typhoid "Epidemic cere-Carcin

> mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head (disease causing death), 29 ds.; "Exhaustion," Never report



item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION is very INK-THIS UNFADING PLAINLY, WITH

certificate.

See Instructions on back of

Every item CAUSE OF Important.

B.

RECORD

PERMANENT

PLACE OF DEATH 2788 County Dorchester



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No... [If death occurred in a hospital or institution, give its NAME instead

Village or City Hoolford No.	St.;Ward)
	6 00.
*FULL NAME Ulemanda H	ells .

PERSON	AL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex le suale	4 COLOR OR RACE	SSINGLE, MARRIEDAMAN WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
AGE OCCUPATION (a) Trade, profession,	(Month)	,1829	that I last saw his allve on wind that death occurred on the date stated above, at y a m The CAUSE OF DEATH* was as follows:
particular kind of work b) General nature of lossess, or establish which employed (or en BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLA OF FATHE (State or country) 12 MAIDEN N OF MOTH	industry, inment in inployer) AME AME	Lown	(Signed) (Suration) (Suration) (Secondary) (Secondary) (Buration) (Suration) (Suration) (Signed) (Suration)
13 BIRTHPLAC OF MOTHE (State or con	e R entry) Ma	infland,	18 ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address)	7.1914	udge.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

B. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). dutles of the household only (not paid Housekeepers essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) sopsis, tetanus) such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. State cause for "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicchildbirth or miscarriage, as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrosio ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "PUERPERAL septichae-(name origin; "Can-The nature of the death), 29 de.;



V. S. No. 1.

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CORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
ENT RE	TLY. PHY ement of
PERMAN	tated EXAC Exact stat
IS IS A	hould be st classified.
INK-TH	ed. AGE s
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	sfully suppli- at it may b
WITH U	uld be car
LAINLY,	Every Item of information should be carefully sup- CAUSE OF DEATH in plain terms, so that it ma
WRITE P	or DEATH
	CAUSE

etate very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // O Ilf death occurred inWard) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE WIDDWED, WAROWED (Month) (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work none (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory Secondary BIRTHPLACE (State or country) 10 NAME OF FATHER 011168 11 BIRTHPLACE ARENT OF FATHER Varia (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ___ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? Former or usual residence... PLACE OF BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ralvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) (Recommendations on statement of may be stated under the head Never report



No.

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2790 1 PLACE OF DEATH County.... PARTICULARS PERSONAL AND STATISTICAL SEX MARRIEO, Mas OR OIVORCEO Write the word) 6 DATE OF BIRTH (Month) (Day) TAGE SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER jo 11 BIRTHPLACE OF FATHER (State or country) PARENTS on back 12 MAIDEN NAME OF MOTHER See instructions 13 BIRTHPLACE OF MOTHER (State or country) Important. 15



STATE OF MARYLAND CERTIFICATE OF DEATH

NAME Maggie V.	St; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Sainale, Marrieo, Marrieo, Wille Wildowso, Orgivorceo (Write the word) H (Month) (Day) (Year)	16 DATE OF DEATH NOV 12, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 9 Con 5, 1915, to 2000, 12, 1915,
### 1 day,	and that death occurred on the date stated above, at 5 P, m, The CAUSE OF DEATH* was as follows:
or House Wile Industry, shmeet in	(Boratteo) yrs. 7 mos. cs.
James a. Coultours	Contributory (Secondary) (Ouration) yrs mos ds. (Signed) , M. D.
océ ér pountry) MA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
ce alice S leole, mintry) and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
Masks Coultrus as	Where was disease contracted, if not at place of death? Former or usoal residence
191_REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MASS 13, 1814 20 UNDERTAKER ADDRESS H. J. Wiloughly & Sons
If more hlanks are seeded, address State Registrar	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

East New Mar

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (e)

Statement of cause of death—Name, first, the disease causing death—In always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, periionacum, etc.. Carcin-

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should

RECORD

PERMANENT

2791

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

County Oresitantia	Registration Dist. No. 112.
Village or City Mar, Salem (No., -)	St; Ward) [If death occurred to a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Black Single, wipower, or over the word)	16 DATE OF DEATH March 2 , 1914 (Month) (Day (Year) 17 HEREBY CERTIFY, That I strended deceased from
6 DATE OF BIRTH Sept Don't know 1/9/2 (Month) (Day (Year)	that I last saw here alive on Man 17, 1914.
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Browns Julinous
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Masses
10 NAME OF FATHER David Stangua 11 BIRTHPLACE OF FATHER	(Signed) (Doration) — yrs — mos. /4 ds. (Signed) E S fourt , M. D. Mar. 22, 1914 (Address) Green Med
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted, If not at place of death? Former or usual residence.
VIAB 22 1914 Bload & Lanking 1000 Project Par Bureau V Project Par	DOTK Neck, Md. 20 ONDERVAKER Richard Mollock Friend Forma R. F. D. Mid
II more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Houselicepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. causing nearin, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



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PARENTS

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See Instructions on back

Important.

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8 OCCUPATION (a) Frade, profession, or

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

Mar 21, 191 4

(b) General nature of industry,

business, or establishment in

County	LAGE OF DEATH Dochester City World	2	(10
° F(uua	El
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, LAW WIDOWED, ORDIVORCED (Write the WO	slowed
6 DATE OF B		(Day)	, 1950 (Year)
7 AGE			If LESS than

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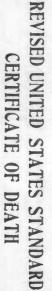
REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

	St.; Ward) a hospital give its N		ath occurred is it or institution NAME Instead and nomber.]
MEDICAL C	ERTIFICATE O	F DEATH	
16 DATE OF DEATH	May (Month)	Z/ (Day)	, 1914 (Year)
17 % 1 HEREBY C	ERTIFY, That	1 attended dec	eased from
and that death occurred on the CAUSE OF DEATH * was	s as follows:	i above, at	2m,
Contributory (Acmi (Secondary) (Signed) Lutin L		Jrs. m test hy Jyrs 4 m	
*State the DISEASE CAUSI CAUSES, state (1) MEANS (TAL, SUICIDAL, OF HOMICID.	ess) () () () () () () () () ()	In deaths from	12 mg
18 LENGTH OF RESIDENCE (OR RECENT RESIDENTS) At place of death yrs, mos, Where was disease contracted, it not at place of death? Former or usual residence.	In the	, Institutions, "	
Elevely To	1	Mar of Bu	
20 UNDERTAKER		ADDRESB	



[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative meaithful-"Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (retired 6 yrs.). "Laborer," As examples: For persons "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU, V.S.

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Instructions

PHYSICIANS should OCCUPATION

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PLACE OF DEATH County Dorohester (a) Frade, profession, or particular klod of work. (b) Geoeral nature of industry, business, or establishment in



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1/8 fit death occurred in a hospital or institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED Married Widowed OR DIVORCED Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH May Ze (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. OR mio. ? ds. GOCCUPATION which employed (or employer) Contributory_ 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) to the State yrs, ____ mos. yrs. mos. _ ds. Where was disease contracted, If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER Filed Mar. 5 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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APR 6 1914
BUILDEAL V.S.

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state should OCCUPATION PHYSICIANS RECORD 0 statement PERMANENT EXACTLY. tated ciassified. pinods THIS properly AGE NK supplied. UNFADING certificate. that It 80 0 WITH pe on back should PLAINLY, plain. See Instructions of Information DEATH in pial WRITE Every item CAUSE OF Important. S

Village or City (No. PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF 5 SINGLE, 3 SEX 4 COLOROR RACE MARRIEO, WIDOWED, Deng Write the words 6 DATE OF BIRTH that I last saw home (Month) (Day) (Year) 7 AGE If LESS than and that death occurre 1 day hrs. The CAUSE OF DEAT OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (Secondary) ⁹BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSES, state (1) M 12 MAIDEN NAME TAL, SUICIDAL, OF HO OF MOTHER 16 LENGTH OF RESID OR RECENT RESIDENT 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. Where was disease confracte OWLEDGE if not at place of death?... Former or usual residence Address Filed han REGISTRAR



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 110

St;Ward)	[If death occurred in a hospital or Institution, give its NAME Instead of streef and number.]
AL GERTIFICATE OF	DEATH
Month)	(Day) , 1919 (Year)
BY CERTIFY, That I a	ttended deceased from
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alive on Treat	1914
1 * was as follows:	bove, at
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(Duration)	yrs. mos. 7 ds.
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(Address) / Lee	lock
CAUSING DEATH, or, In EANS OF INJURY; and MICIDAL.	deaths from VIOLENT (2) whether ACCIDEN-
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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V. S. No. 1.

N. B Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exset statement of OCCUPATION important. See instructions on back of cartificate.

Village of City (No	
	[If death occurred in uspital or institution to its NAME instead street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
May 31, 1830	
(Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at the CAUSE OF DEATH* was as follows: Concupation Cause of Death* Cause of Death*	830 Qm
(b) General nature of industry, business, ar establishment in which employed (or employer) BIRTHPLACE (State or country) Contributory (Secondary)	0 * 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MOTHER 13 MEANS OF INJURY; and (2) when the mother of Mother Mother (2) when the mother of Mother (2) when the mother (2) when the mother (3) mother (4) mother (4) mother (5) mother (5) mother (4) mother (5) mother (5) mother (6) mother (6) mother (7)	from VIOLENT ether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OR RECENT Registery) At place of death	
Jul 10 60 () 19	101

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis

childbirth or miscarriage, as "Purperal septichneetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailginjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if Impossible to determine definitely. oma. Sarcoma. etc., of _ ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) __ (name origin; "Can-Examples:

